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Nature of PTSD
Written Video Transcript

PTSD is one of the most dramatic consequences of such experiences. Peter, could you begin by telling us about PTSD as a psychiatric illness?

Certainly. The DSM-IV diagnostic criteria for PTSD require a history of exposure to a traumatic event and the experience [00:00.20.00] of symptoms that relate to intrusive memories, avoidance or numbing experiences and hyperarousal. Other criteria involve symptom duration and significant functional impairment or resulting distress. Time doesn't permit us to consider each of these [00:00.40.00] in detail but a quick review may help. Criterion A specifies that the individual has been exposed to a catastrophic event involving actual or threatened death or injury or a threat to physical integrity of themselves for others. For the veteran this is usually [00:01.00.00] combat related and is associated with feeling intense fear, helplessness or horror. Criterion B refers to intrusive memories. They are the most distinctive and readily identifiable symptoms of PTSD. Most memories of the traumatic events often haunt the veterans [00:01.20.00] for decades or for a lifetime for that matter. It is an overpowering psychological experience that continue to evoke panic, terror, dread, grief, despair. The hallmark expressions are daytime memories about the trauma, nighttime dreams of the trauma [00:01.40.00] and psychotic reenactments of the traumatic events called flashbacks. Criterion C encompasses avoidance and numbing symptoms. The veteran's ways of thinking, feeling, and behaving are designed to reduce exposure to sights, sounds or smells that may reawaken memories of the trauma. [00:02.00.00] He or she becomes unable to tolerate strong feelings which leads to psychic numbing. This emotional anesthesia makes it difficult to have meaningful personal relationships. Criterion D includes symptoms of hyperarousal. They range from those common among all anxiety disorders, [00:02.20.00] such as difficulty sleeping and irritability, to symptoms which are quite specific to PTSD, namely hypervigilance and startle response. Symptoms from each of these last three categories that we discussed must be present for more than one month in order to meet criteria for PTSD [00:02.40.00] and they must also cause significant distress or impairment in family life, work, school or other important areas. PTSD may be accompanied by other symptoms that are not part of the DSM diagnostic criteria. These are common among many veterans and important to understanding [00:03.00.00] their experiencing of the disorder. Examples include guilt over acts of commission or omission or just simply guilt about having survived the trauma. Other symptoms include having murderous impulses at times and becoming disillusioned with previously esteemed authority figures. [00:03.20.00] Clinically American Indian and Alaskan Native combat veterans experienced the full range of symptoms that I've just described. The American Indian Vietnam veterans project confirms it. Success in eliciting relevant symptoms varies with the chronicity of PTSD, [00:03.40.00] the length and the extent of alcohol abuse. The patient's prior experience with the healthcare system and his or her

motive for seeking help. In the PTSD treatment program at the Denver VA medical center we have had remarkable success with basic clinical techniques and simple human understanding. [00:04.00.00] Patience is key, as is letting the veteran know you are interested in his or her well-being. I found it helpful to listen with empathy, to respect silences and to use selective validation. All served me well in establishing rapport and freeing veterans to share [00:04.20.00] their distress.

As you know, Peter, in order to understand something as complex as PTSD it's also critical to look beyond the clinical signs and symptoms. The DSM-IV now gives high priority to cultural factors in the assessment process as highlighted in the outline for cultural formulation [00:04.40.00] in appendix I. The cultural formulation supplements the multiaxial diagnostic approach and addresses the challenge of using DSM-IV criteria in a multicultural environment. It encourages the systematic review of an individual's cultural background and role of culture in the expression and evaluation [00:05.00.00] of symptoms and dysfunction. It also calls attention to the effect cultural differences may have on the relationship between patient and clinicians. These elements are particularly important to understanding the psychiatric status and functioning of American Indian and Alaska Native veterans. [00:05.20.00] First, the cultural identity of the individual. It's important to determine the veteran's relevant ethnic or cultural reference groups or culture of origin. Also find out the veteran's language inabilities. Is he or she multilingual? If so, which language is preferred and used most commonly?

[end of audio]